

STATE-BOSTON RETIREMENT SYSTEM
CHANGE OF ADDRESS FORM

DATE: _____

NAME: _____

Social Security #: _____

Or

RETIREMENT #: _____

Previous Address: _____ (Apt.)

(City/Town)

.....

New Address: _____ (Apt.)

(City/Town)

(State/Zip code)

PHONE #: _____

(Signature)

(Date)